

PROVIDER BULLETIN

THE REIMBURSEMENT NEWS SOURCE

IN THIS ISSUE

HIPAA COVERED ELEC-
TRONIC TRANSACTIONS . 1

FORENSIC MEDICAL EXAMI-
NATION COSTS2

HEALTH TRACKS LEAD
SCREENING2

BILLING BITS2

MANAGED CARE-DISEASE
MANAGEMENT3

WAIVER FOR MEDICALLY
FRAGILE CHILDREN3

OUT-OF-STATE SERVICES
CHANGE IN PROCEDURE .4

MEDICAID MEDICAL
ADVISORY COMMITTEE ...4

CHECK-WRITE EXCEPTION
DATES4

NEW FACES IN MEDICAL
SERVICES4

MEDICAL SERVICES DIVISION

~

MAGGIE D. ANDERSON,
DIRECTOR

~

Issue 62 • September 2007

HIPAA COVERED ELECTRONIC TRANSACTIONS

This notice is for providers who bill ND Medicaid using a HIPAA covered electronic transaction.

Effective June 11th, Medical Services implemented a new claims edit requiring the use of National Provider Identifier (NPI) numbers as the primary identifier on all HIPAA covered electronic transactions. If a provider submits a HIPAA covered electronic transaction and the primary identifier is not the NPI number, for any and all providers identified on the claim, the claim will be denied.

Since implementation of the NPI requirement, we are noticing that the NPI number is not being used as the primary identifier for the referring, attending, rendering, and/or operating provider number.

If you have not already obtained your NPI number, please do so as soon as possible and remember to share your NPI with any other provider that will be required to use your NPI number for billing purposes.

If you have any question concerning registration of your NPI number with ND Medicaid please send an email to: ND Dept of Human Services NPI Help Desk at dhsnpihelpdesk@nd.gov.

Additional information on NPI can be obtained at the following sites:

- National Plan and Provider Enumeration System (NPPES)
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- ND Dept of Human Services NPI Information page
<http://www.nd.gov/humanservices/info/provider-npi.html>
- ND Dept of Human Services NPI Registration page
<https://secure.apps.state.nd.us/dhs/mmis/npi/login.htm>
- ND Dept of Human Services Electronic Companion Guide
<http://www.nd.gov/humanservices/services/medicalserv/medicaid/companion.html>

FORENSIC MEDICAL EXAMINATION COSTS

2007 Senate Bill 2103 enacted the following:

1. An acute forensic medical examination is an examination performed on an alleged victim of criminal sexual conduct for the purpose of gathering evidence of an alleged crime and is performed within ninety-six hours after the alleged crime, unless good cause is shown for the delay in performing the examination. When an acute forensic medical examination is performed, the costs incurred by a health care facility or health care professional for performing the examination may not be charged, either directly or through a third-party payer, to the alleged victim.
2. Upon submission of appropriate documentation, the attorney general, within the limits of legislative appropriations, shall reimburse

the health care facility or a health care professional for the reasonable costs incurred in performing an examination.

3. Evidence obtained during an acute forensic medical examination may not be used against an alleged victim for the prosecution of the alleged victim for a separate offense.

As of July 1, 2007, all forensic examinations (code 99201-99215-32) must be billed to the Attorney General's office. The reimbursement covers the cost of the examination and any antibiotics or other medications administered as part of the exam. They can no longer be billed to Medicaid. The reimbursement form, instructions, and information about the process are available from the Office of Attorney General website, at www.ag.nd.gov from the "News/ Publications/ Forms" link.

HEALTH TRACKS LEAD SCREENINGS

Children ages 6 months to 72 months are considered at risk for lead toxicity and should be screened for lead poisoning. Children found to have blood lead levels of 10 ug/dL or above should be re-evaluated.

When providing a North Dakota Health Tracks – EPSDT screening, the following children must have a blood lead test:

- Children at ages 12 and 24 months.
- All children 36 to 72 months of age, if they have not been previously screened for lead poisoning.

Once a baseline lead screen has been completed and documented a lead-screening questionnaire should be completed annually. If the caregiver cannot answer any question, a blood lead test may need to be again conducted.



BILLING BITS

Referring Services To Another Entity

If the facility you are referring recipients to for services (i.e. lab or x-ray) is not within your facility, verify that facility is a NDMA participating provider. If the facility is not participating, you will need to inform the recipient that the service is billable to the patient.

Billing Date Of Placement

Effective May 1, 2007, providers are allowed to bill date of placement or date ordered (i.e. dentures, glasses, etc). Please be reminded current policies still apply such as: recipient must be eligible for Medicaid, glasses must be ordered from Walman's Optical, appropriate, applicable, prior authorizations.

Verify Number

By calling one of the automated Verify Numbers **(701) 328-2891 or 1-800-428-4140** you can check:

- Recipient's Medicaid eligibility
- Recipient Liability
- Primary Care Provider or Coordinated Services Program Provider Status
- Co-Pays
- Third Party Liability
- Vision allowance benefits
- Dental allowance benefits

MANAGED CARE & DISEASE MANAGEMENT

North Dakota Medicaid will soon be implementing a new Medicaid Health Management Program focusing on Disease Management. This program will target four major chronic illnesses: Diabetes Mellitus, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and Asthma. We will be utilizing a Disease Management Organization that will provide a variety of services. These services include a toll-free health information line staffed by licensed nurses throughout the state, case-management for targeted recipients, and provider outreach and continuing education opportunities. The goal of this program is to assist with educating the target groups in better health choices, coordination of health care interventions and follow-up treatment to prevent unnecessary health complications, to assist the recipient in becoming better engaged in their own care management, improve provider awareness and edu-

cation regarding the target illnesses, and decrease overall healthcare costs through emergency department visits and admissions. Recipients will be identified through claims and pharmacy data, self-referrals, and recommendations from the health care team. Once a recipient is identified, information regarding the program will be sent to the recipient. Enrollment is done on a voluntary basis.

Six Keys to a Successful Disease Management Program:

- Early Identification of the Targeted Groups
- Collaboration among Physicians and other Providers
- Communication with the Patient and Providers
- Utilizing Evidence-Based Practice Guidelines
- Patient Self-Management Education
- Reliable Outcome Measurement and Evaluation

WAIVER FOR MEDICALLY FRAGILE CHILDREN

A “waiver” means there are exceptions to what a program usually provides. In this case, the program is North Dakota Medicaid. Waivers provide services in addition to regular medical assistance available through the Medicaid State Plan. Sometimes these extra services can reduce or prevent placements in a skilled nursing facility or hospital.

The 2007 Legislature approved Senate Bill 2326 that allows for a new Medicaid waiver for children with extraordinary health care needs. A North Dakota Medicaid waiver for Medically Fragile Children has been written and is now ready to submit for review by the Centers for Medicaid and Medicare Services (CMS). This waiver will provide assistance for families who require long term supports and services to help maintain a medically fragile child in a family home setting while meeting the child’s unique medical needs.

Some important facts about this waiver follow:

- To be eligible for the new waiver for medically fragile children, a child must be 3 to 18

years of age, meet nursing facility “Level of Care” screening criteria, and meet “Level of Need” criteria.

- The child must be eligible for Medicaid to be considered for the waiver. The parent’s income is not considered, only the child’s individual income.
- The number of children that can be served at any time under this new waiver is limited to 15. A waiting list will be developed for additional children that meet the criteria.
- The services available through this new waiver include environmental modification, equipment/supplies, individual/ family counseling, in-home supports, institutional respite, nutritional supplements, pediatric specialty services, and transportation.
- If the new waiver is approved by CMS, implementation is tentatively scheduled for November 1, 2007.

OUT-OF-STATE SERVICES CHANGE IN PROCESS

In order to better utilize staff and to better serve our recipients, calls concerning authorizations for Out-of-State Services will now be handled in the following manner:

- Calls from Out-of-State facilities will be referred to Provider Relations.
- County Staff is encouraged to e-mail Dan Johnson at sojohd@nd.gov with requests. The email requests will be responded to as quickly as possible.
- Recipients calling to check on the approval/denial of a referral will be referred to Provider Relations.
- Recipients calling to check if a referral has been received will be referred back to their physician.
- Calls from physicians and other healthcare professionals, as well as all emergencies will be referred to an administrator.
- Calls received in the afternoon that are not emergent will be returned the following day.

These changes will allow more efficient processing of requests for referral of out-of-state services. Thank you for your patience with this change.



CHECK-WRITE DATES

Typically, check-write for 2007, occurs every Monday evening; however, there will be the following exceptions:

No Check-Write	Rescheduled Date
November 12	November 13
December 24	December 26
December 31	January 2

MEDICAID MEDICAL ADVISORY COMMITTEE

In May, the Medicaid Medical Advisory Committee met to discuss 2007 Legislative changes impacting the Medicaid program, Medicaid program initiatives, and steps to be taken to “modernize the Medicaid” program.

The committee consists of Legislators, Department of Human Services staff, the North Dakota State Health Officer, and representatives from the following organizations:

- ND Healthcare Association
- ND Medical Association
- ND Pharmacy Association
- ND Long Term Care Association
- ND Optometric Association
- ND Dental Association
- Health Policy Consortium
- ND County Directors Association
- ND Home Care Association
- ND Association of Community Facilities
- ND Disability Advisory Council
- Centers for Independent Living
- Protection and Advocacy

The purpose of the Committee is to advise the Medicaid agency about health and medical care services. The committee will also participate in the discussion and planning for the future of the Medicaid program in North Dakota.

Future meetings are planned on a quarterly basis.

NEW FACES IN MEDICAL SERVICES

- ☺ Tania Hellman – Administrator, Managed Care, Disease Management, & Primary Care
- ☺ LeAnn Bayman – Healthy Steps Eligibility Worker
- ☺ Laura Olson – Administrator, Medicaid Payment & Reimbursement Services
- ☺ Galen Hanson – Administrator, S/URS – TPL – Provider Fraud

ND Medicaid Procedures Requiring Preauthorization through North Dakota Health Care Review, Inc.

MEDICAID requires preauthorization for the following procedures:

- *Obesity Procedures*
- *Cosmetic Procedures*

PLEASE NOTE!

All requests for preauthorization must be submitted in writing no later than two weeks before the procedure is to be performed; obesity procedures must be received four weeks prior.

The following information is needed to complete a preauthorization:

1. Patient Name, Address, Birth Date, and Medicaid ID
2. Contact Person and Telephone Number
3. Dates of Service
(Admission & Procedure)
4. Facility/Provider and Number
5. Physician, License, and **UPIN #**
6. Criteria
(Use Criteria in NDHCRI's Manual)
7. Supporting Documentation
(Medical History, Previous Treatment, and Present Treatment)

PROCEDURES REQUIRING PREAUTHORIZATION

CPT-4 PROCEDURE CODES	
Cosmetic Procedures	
Ear Procedures	15576, 69300, 69399
Nose Procedures	30400-30630
Breast Reconstructive Surgery/Mammoplasty	19300, 19304, 19316-19380, 19499
Facial Surgery	15780-15829, 67900-67924
Elective Cosmetic Surgery	15775-15776, 15830-15839, 15876-15879
Obesity Procedures	43644, 43846, 43848
ICD•9•CM PROCEDURE CODES	
Cosmetic Procedures	
Ear Procedures	18.5, 18.71, 18.79
Nose Procedures	21.5, 21.83-21.89
Breast Reconstructive Surgery/Mammoplasty	85.0, 85.21, 85.31-85.36, 85.50-85.54, 85.6, 85.7, 85.82-85.89, 85.94, 85.95
Facial Surgery	08.31-08.38, 08.41-08.44, 08.49, 08.61-08.64, 08.69-08.74, 86.82
Elective Cosmetic Surgery	86.83
Obesity Procedures	44.31, 44.38, 44.39

The above codes may not be entirely inclusive due to updates in the ICD•9•CM and CPT-4 procedure codes.

If you have questions regarding the proper codes to use for the procedures, please contact your medical records department. Preauthorizations may need to be requested for procedures outside this list on a limited basis.

North Dakota Health Care Review, Inc.
800 31st Avenue SW • Minot, ND 58701
Voice (701)852-4231 • Fax (701)838-6009
Website: www.ndhcri.org